

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

NOTE: *If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.*

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

(list name and registration number)

Clarence A. Green (Reg. No. 24,622)
Mark F. Harrington (Reg. No. 31,686)
Thomas P. Dowd (Reg. No. 24,586)

(check the following item, if applicable)

Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

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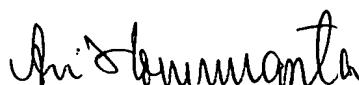
DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

Ari		HOURUNRANTA
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date	June 27, 2001	Country of Citizenship
Residence	Neulaskatu 3 B 27, FIN-33820 Tampere, Finland	
Post Office Address	same as above	

Full name of second joint inventor, if any

(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date		Country of Citizenship
Residence		
Post Office Address		

Full name of third joint inventor, if any

(GIVEN NAME)	MIDDLE INITIAL OR NAME	FAMILY (OR LAST NAME)
Inventor's signature		
Date		Country of Citizenship
Residence		
Post Office Address		

*(check proper box(es) for any of the following added page(s)
that form a part of this declaration)*

Signature for fourth and subsequent joint inventors. *Number of pages added* _____

* * *

Signature by administrator(trix), executor(trix) or legal representative for deceased or
incapacitated inventor. *Number of pages added* _____

* * *

Signature for inventor who refuses to sign or cannot be reached by person authorized
under 37 CFR 1.47. *Number of pages added* _____

* * *

Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal
representative cannot be appointed in time. (37 CFR 1.47)

* * *

Added pages to combined declaration and power of attorney for divisional, continuation, or
continuation-in-part (C-I-P) application.

Number of pages added _____

* * *

Authorization of attorney(s) to accept and follow instructions from representative.

* * *

*(if no further pages form a part of this Declaration,
then end this Declaration with this page and check the following item)*

This declaration ends with this page.